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ECONOMIC BURDEN OF UNDIAGNOSED NONVALVULAR ATRIAL FIBRILLATION IN THE UNITED STATES

Poster Contributions
Poster Hall B1
Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Risks for Atrial Fibrillation: Where Do We Look?
Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT
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Background: Atrial fibrillation (AF) may be clinically silent and remain undiagnosed. To date, no estimates of the direct medical cost of undiagnosed AF exist. We estimated the US incremental cost burden of undiagnosed nonvalvular AF using administrative claims for working age and Medicare patients.

Methods: To calculate the incremental costs per capita cost of undiagnosed AF, we compared annual medical costs (2014 USD) for AF patients compared to propensity-matched controls and multiplied this figure by estimates of undiagnosed AF prevalence derived from the same data sources. The study population included US residents age ≥ 18 years with 24 months of continuous enrollment drawn from two large administrative claims databases.

Results: Mean per capita medical spending for working adults with AF was $38,861 (95% CI: 35,781-$41,950) compared to $28,406 (95% CI: $28,409-$28,603) for similar patients without AF (Δ: $10,355, p<0.001). Total spending for elderly patients with AF was $25,322 (95% CI: 25,049-$25,595) compared to $21,706 (95% CI: 21,563-$21,849) for matched non-AF controls (Δ: $3,616, p<0.001). Using an estimated US prevalence of undiagnosed AF of 596,000, the US incremental cost burden of undiagnosed nonvalvular AF is $3.1 billion (95% CI: $2.7-$3.7 billion).

Conclusion: The direct medical costs for patients with undiagnosed AF are significantly higher than patients with similar observable characteristics without AF. Clinical interventions to identify and treat undiagnosed AF patients could lead to sizable reductions in stroke sequelae and associated costs and should be of importance to providers and payers alike.